

DEALER FORM

MAIL TO:

NAME _____
 ADDRESS _____
 CITY _____
 STATE _____ ZIP _____

Crystal Microsoft Ltd.
 P.O. Box 440852
 Houston, Texas 77244
 (713) 496-6165

DATE _____ TYPE OF SYSTEM _____ PHONE()

CODE	!	DESCRIPTION	!	QTY	!	PRICE	!	TOTAL
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Total for merchandise _____

Minus Discount% _____

Total _____

THANK YOU FOR ORDERING FROM CRYSTAL MICROSOFT

Shipping and handling:

We prefer UPS Blue Label. But would be happy to use any express carrier you like.

You pay the freight (F.O.B. our dock). Unless we have the right to back order (except books). Then we will pay the freight (F.O.B. destination).

APPLICATION FOR CREDIT

NAME _____ DATE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ Years at this location _____

TYPE OF BUSINESS:

☐ ! CORPORATION
☐ ! PARTNERSHIP
☐ ! PROPRIETORSHIP

NAME OF PRINCIPALS _____ TITLES _____

1. _____

2. _____

3. _____

DATE BUSINESS ESTABLISHED _____

BANKING REFERENCES

NAME & ADDRESS _____

CONTACT NAME: _____ TITLE _____

TELEPHONE NO.: _____ ACCOUNT # _____

NAME & ADDRESS _____

CONTACT NAME: _____ TITLE _____

TELEPHONE NO.: _____ ACCOUNT # _____

VENDOR REFERENCES

NAME & ADDRESS: _____

CONTACT NAME: _____ TELEPHONE _____

NAME & ADDRESS: _____

CONTACT NAME: _____ TELEPHONE _____

NAME & ADDRESS: _____

CONTACT NAME: _____ TELEPHONE _____

We certify that all the information on this form is correct, and that we fully understand your credit terms & agree to proper payment in consideration of extended credit.

SIGNED: _____

TITLE: _____